



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Richard Kardeis and Wolfgang Wendtner

Application No. 10/735,317**Filed:** December 11, 2003**Confirmation No.** 6017**For:** FAST-FIT COUPLING FOR
CONNECTING APPLIANCES FORMING
PART OF A MEDICAL OR SURGICAL
HANDPIECE SYSTEM TO A SUPPLY
HOSE**Examiner:** James M. Hewitt**Art Unit:** 3679**Attorney Reference No.** 5497-67127-01MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
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ALEXANDRIA, VA 22313-1450**CERTIFICATE OF MAILING**

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MAIL STOP AMENDMENT COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Attorney or Agent
for Applicant(s)

Date Mailed

DECEMBER 21, 2005**TRANSMITTAL LETTER**

Enclosed is an Amendment for the above application. The fee has been calculated as shown below.

CLAIMS AS AMENDED					
For	No. after amendment	No. paid for previously	Present Extra	Rate	Fee
Total Claims	37	- 31*	= 6	\$50.00	\$ 300.00
Indep. Claims	3	- 5**	= 0	\$200.00	\$ 0.00
Mult. Dep. Claims Fee (if not previously paid)				\$360.00	
One-month Extension of Time				\$120.00	
Two-month Extension of Time				\$450.00	
Three-month Extension of Time				\$1,020.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$300.00

* greater of twenty or number for which fee has been paid.

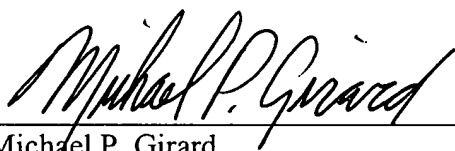
** greater of three or number for which fee has been paid.

- ☒ Information Disclosure Statement
- ☒ Form 1449
- ☒ A check in the amount of \$180.00 is attached for IDS Fee
- ☒ A check in the amount of \$300.00 is attached.
- ☒ Please charge any additional fees that may be required in connection with filing this amendment and any extension of time, or credit any overpayment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ If the Patent and Trademark Office determines that this amendment results in an additional application size fee for pages in excess of 100, please charge the fee to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

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By


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